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DUPLICATE

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Ex. 8

Binder Notice / HOMEOWNERS (A)

Date of Issue: 05/01/00

COVERAGE TO BE ISSUED THROUGH UNDERWRITERS AT LLOYDS, LONDON

Certificate Holder: NORTH AMERICAN FINANCIAL SERVICES

Certificate Number: 200531

Binder Number: PDP0001877

Borrower Name/Mail Address:

LEY, GEORGE

CHESTNUT ST

MOBILE, AL 36274

Mortgagee/Originator:

29072B

FAX: 800-277-4026

HOMESENSE FINANCIAL CORP.

ISAOA ATIMA

113 REED AVENUE

LEXINGTON SC 29072

Party Address: 211 CHESTNUT ST
ROANOKE, AL 36274

Used Coverage Term:

05/01/00 to

05/01/01

COVERAGE SECTION

Proposed Dwelling Limit

Limits Proposed

\$ 44,668.00

Personal Property

50% of dwelling limit

Other Structures

10% of dwelling limit

Additional Living Expense

10% of property limit

Limited Liability Coverage

\$ 50,000.00 per occurrence

Annual Aggregate Limit

\$ 100,000.00

Fire Damage Liability

\$ 10,000.00

Medical Payments of Others

\$ 1,000.00

Damage to Property of Others

\$ 500.00

COVERAGE TABLE:

\$350 per loss, except

\$500 VAND if vacant at time of loss

\$2,000 or 2% of Property Limit which ever is greater

for the peril of WIND in Florida and all First Tier counties.

PREMIUM:

Base Premium-----	\$	536.00
Policy Fee-----	\$	100.00
SC Surplus Lines Tax-----	\$	38.16
Total Premium Due-----	\$	674.16

Payment of the above premium must be received by North American Financial Services within ten (10) days from the above date of issue. Failure to pay the premium in full by this date will render this document null and void. Please forward premium payment promptly to the address listed:

North American Financial Services, L.L.C.

P.O. Box 3688

Greenville, SC 29608

Upon receipt of premium payment and this signed document, a Notice of Coverage will be generated and forwarded to your attention at the borrower's mailing address as listed above. This is not a policy of insurance, but a Notice of Insurance, which upon receipt of payment, certifies coverage under the Master Certificate number shown above and issued to North American Financial Services. Complete policy information is available upon written request.

By signing below, I hereby accept the terms and conditions of the coverage provided. I understand that the indicated policy fee and appropriate surplus are earned and are not refundable upon cancellation. I further authorize my loan disbursing officer to remit the premium directly to NAFS.

Signed:

Borrower's Signature:

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Payment Details on Attached
Worksheet